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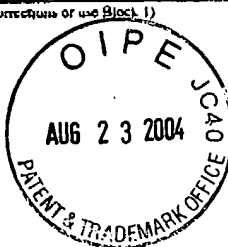
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Samuel L. Borkowsky (Depositor's name)
Samuel L. Borkowsky (Signature)
August 23, 2004 (Date)

APPLICATION NO	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO	CONFIRMATION NO
10/052,862	11/09/2001	Karen M. Grace	S-97,794	1762

TITLE OF INVENTION WAVEGUIDE-BASED OPTICAL CHEMICAL SENSOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	09/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
SIKDER, MOHAMMAD YUNUS	2872	385-012000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363)

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Gemma Morrison Bennett

2. Samuel L. Borkowsky

3.

3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

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(B) RESIDENCE (CITY and STATE OR COUNTRY)

The Regents of the University of California, Los Alamos, New Mexico 87545

Please check the appropriate assignee category or categories (will not be printed on the patent), ☐ individual ☐ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☐ Advance Order - # of Copies

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(Authorized Signature)

(Date)

Samuel L. Borkowsky August 24, 2004

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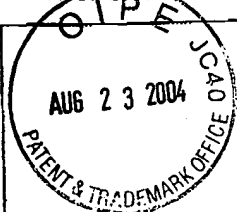
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DATABASE

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FAX TRANSMISSION COVER SHEET**BEST AVAILABLE COPY****Date:** August 23, 2004**To:** Mail Stop Issue Fee
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Fax: (703)746-4000**From:** [Samuel L. Borkowsky]
LC/IP**Phone:** (505) 665-3111
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S-97,794
[Karen M. Grace]**Sender:** [MJHoover]**YOU SHOULD RECEIVE (3) PAGES, INCLUDING THIS COVER SHEET.
IF YOU DO NOT RECEIVE ALL THE PAGES, PLEASE CALL (505) 665-.****Comments:****Included in this facsimile transmittal are the following documents for filing in the above-identified patent application:****[Issue Fee Transmittal – Original and 1 copy – 2 pages, Fax Transmission Cover Sheet – 1 page]****Fee Payments Authorized: \$ 665.00****IF YOU HAVE RECEIVED THIS TELECOPY IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS ABOVE VIA THE UNITED STATES POSTAL SERVICES. THANK YOU.****UNCLASSIFIED**